

South Carolina Department of Disabilities and Special Needs

Legislative Oversight Committee Healthcare and Regulatory Subcommittee

Presentation Agenda

November 6, 2017

Section One: Submitted Question Responses

- Slide 3 Medicaid Service Access for School Age vs. Adult
- Slide 7 Increasing Post-Secondary Transition Efforts
- Slide 16 Computer Billing Programs Used
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- Slide 23 DDSN Provider Oversight
Abuse, Neglect and Exploitation Snapshot

Section Two: Human Resources Overview

- Slide 39 FTEs
Turnover Rates
Efforts to Address Shortages of Direct Support Professionals



SC Department of Disabilities and Special Needs

House Legislative Oversight Committee Healthcare
and Regulatory Subcommittee

November 6, 2017

Dr. Beverly A. H. Buscemi, State Director

Agenda

Section 1: Submitted Question Responses

- Medicaid service access for school age vs. adult
- Increasing Post-Secondary Transition efforts
- Computer billing programs used
- Organizational Structure
- DDSN Provider Oversight
- Abuse, Neglect and Exploitation Snapshot

Section 2: Human Resources Overview

- FTEs
- Turnover Rates
- Efforts to Address Shortages of Direct Support Professionals

"What services are DDSN-eligible students entitled to while they are in the educational system which then become optional when public education is completed?"

Medicaid and Education Services

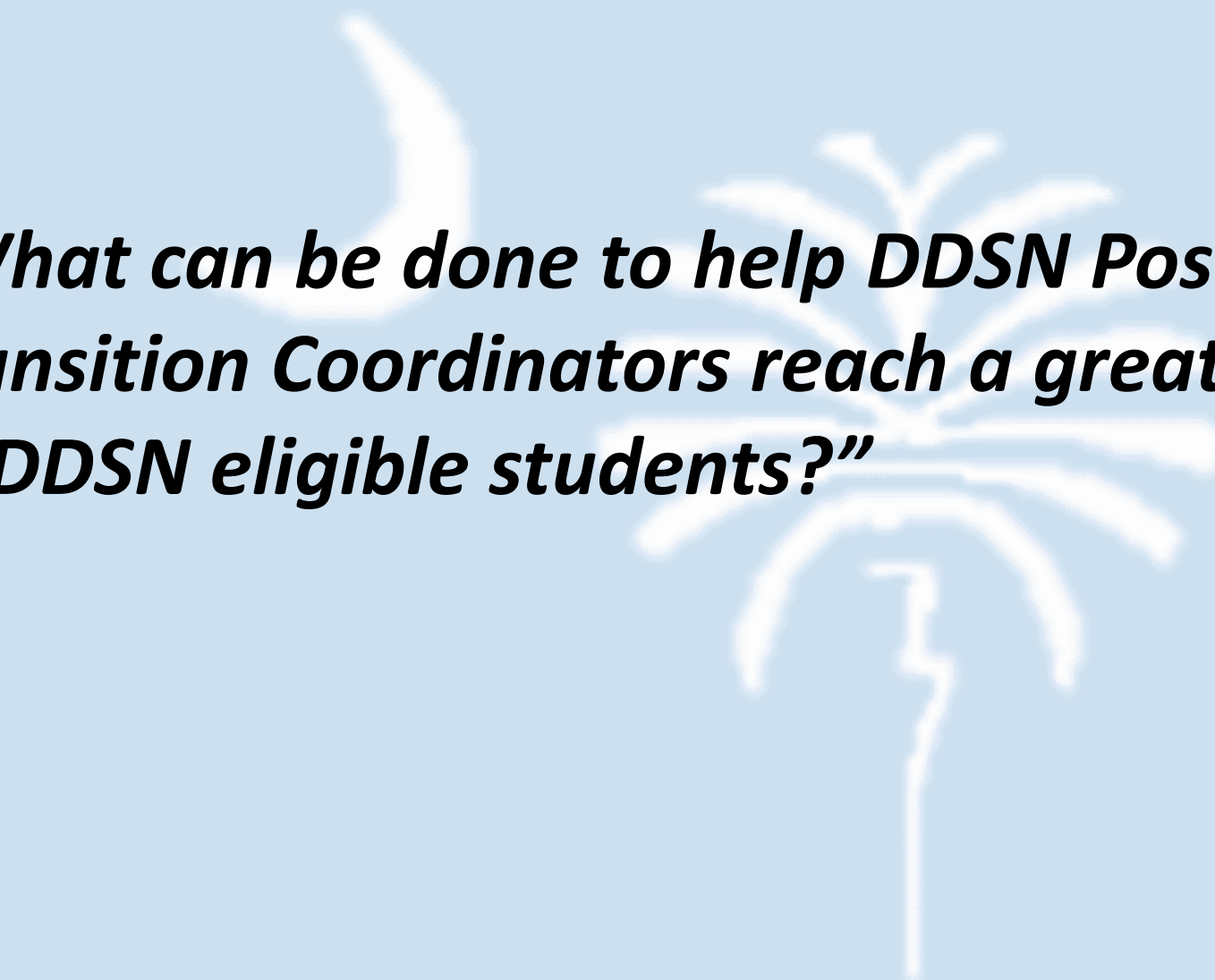
Please refer to document in Supplemental Materials entitled, ***Service Listing by Individual Age Group.***

Medicaid Services

- Coverage for services for children is federally mandated as Early and Periodic Screening, Diagnostic and Treatment (EPSDT).
- EPSDT provides comprehensive and preventative health care services for Medicaid eligible children under age 21.
- EPSDT requires that all Medicaid coverable, appropriate, medically necessary services necessary to correct and ameliorate health conditions, based on certain federal guidelines, be furnished.

Education Services

In addition to EPSDT, the US Department of Education through the Individuals with Disabilities Education Act (IDEA) requires that special education and related services be available to eligible children ages 3-21.



“What can be done to help DDSN Post-Secondary Transition Coordinators reach a greater percentage of DDSN eligible students?”

Post-Secondary Transition Planning

The US Department of Education through the Individuals with Disabilities Education Act (IDEA) requires post-secondary transition planning to facilitate the student's move from school to adult life.

The transition planning must:

- start when the student turns 13;
- be individualized;
- be based on the student's strengths, preferences, and interests; and
- include opportunities to develop functional skills for work and community life.

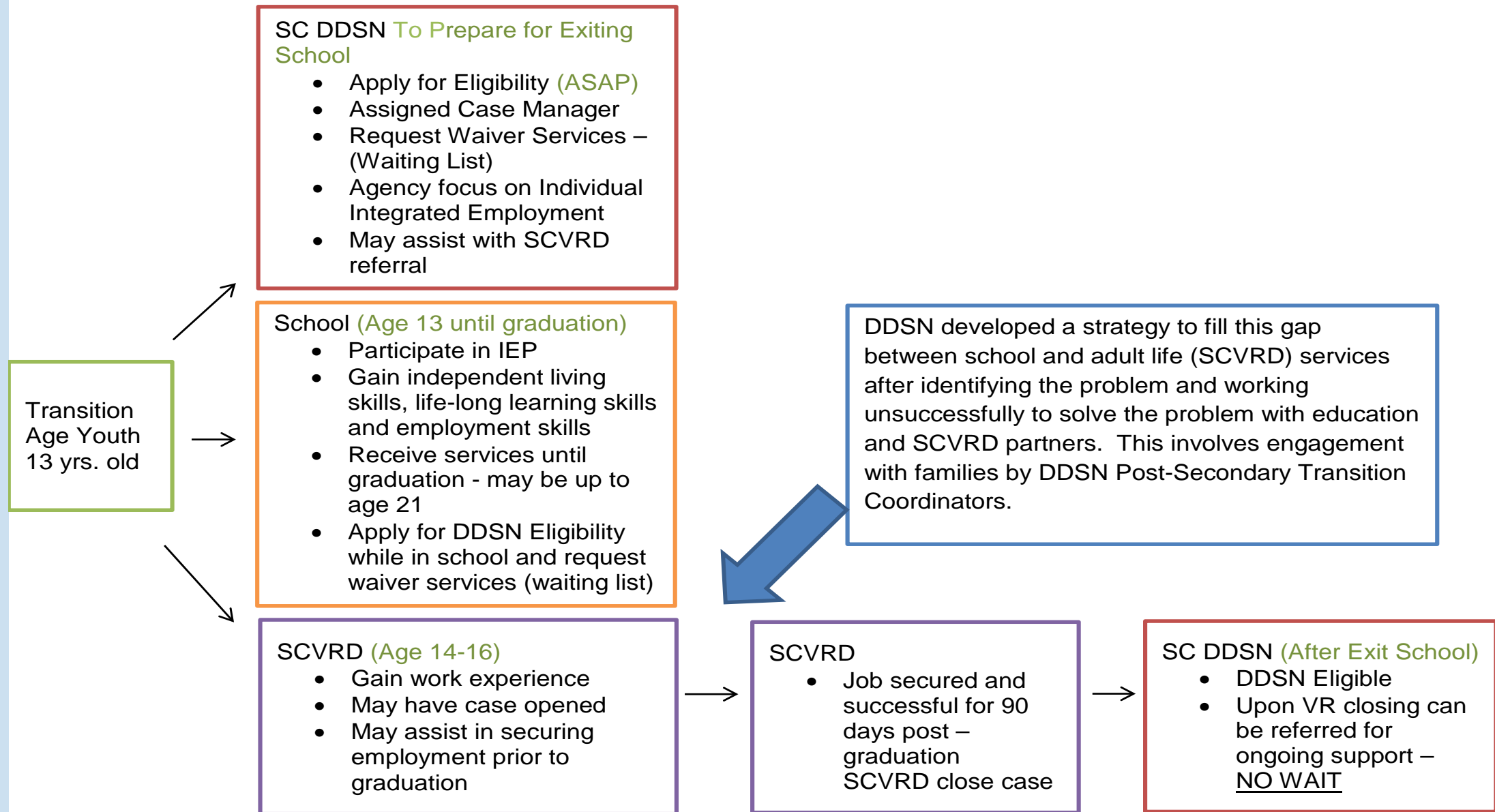
State System Challenges Impacting DDSN

Students / families are not being provided with adequate information about available choices for post-school activities.

While in school, young adults are not being provided proper preparation or planning for their lives as adults.

South Carolina Department of Disabilities and Special Needs

Role in Transition for Youth with Intellectual Disabilities and Related Disabilities



Role of DDSN's Post-Secondary Transition Coordinators

Collaborate with the school, SC Vocational Rehabilitation Department (SCVRD) and other adult services agencies to improve the post-school outcomes for DDSN-eligible youth with disabilities.

- Employment is the best and most appropriate outcome for adults
- Collaboration to ensure that a primary goal of employment is considered for all students and
- Students are connected with SCVRD as early as possible, while still in school.
- Collaboration to ensure that students' transition planning choices are informed by sharing information about adult resources, including DDSN services and assisting as needed to link to those resources.

Efforts To Collaborate with Agencies

- DDSN has employed the current Post-Secondary Transition Coordinators (PSTCs) for only the last 3 years.
- As a foundational effort, the PSTCs began by:
 - Building rapport with school personnel;
 - Training and education to stakeholders about DDSN;
 - Building, in conjunction with the Transition Alliance of South Carolina (TASC), Local Transition Teams which encompass representatives from adult services agencies/organizations such as SCVRD, DDSN, AbleSC, Family Connection, etc.

Efforts to Reach Students/Families

The next effort was to reach each DDSN eligible transition-age student nearing graduation to provide information and link to needed resources. To that end PSTCs:

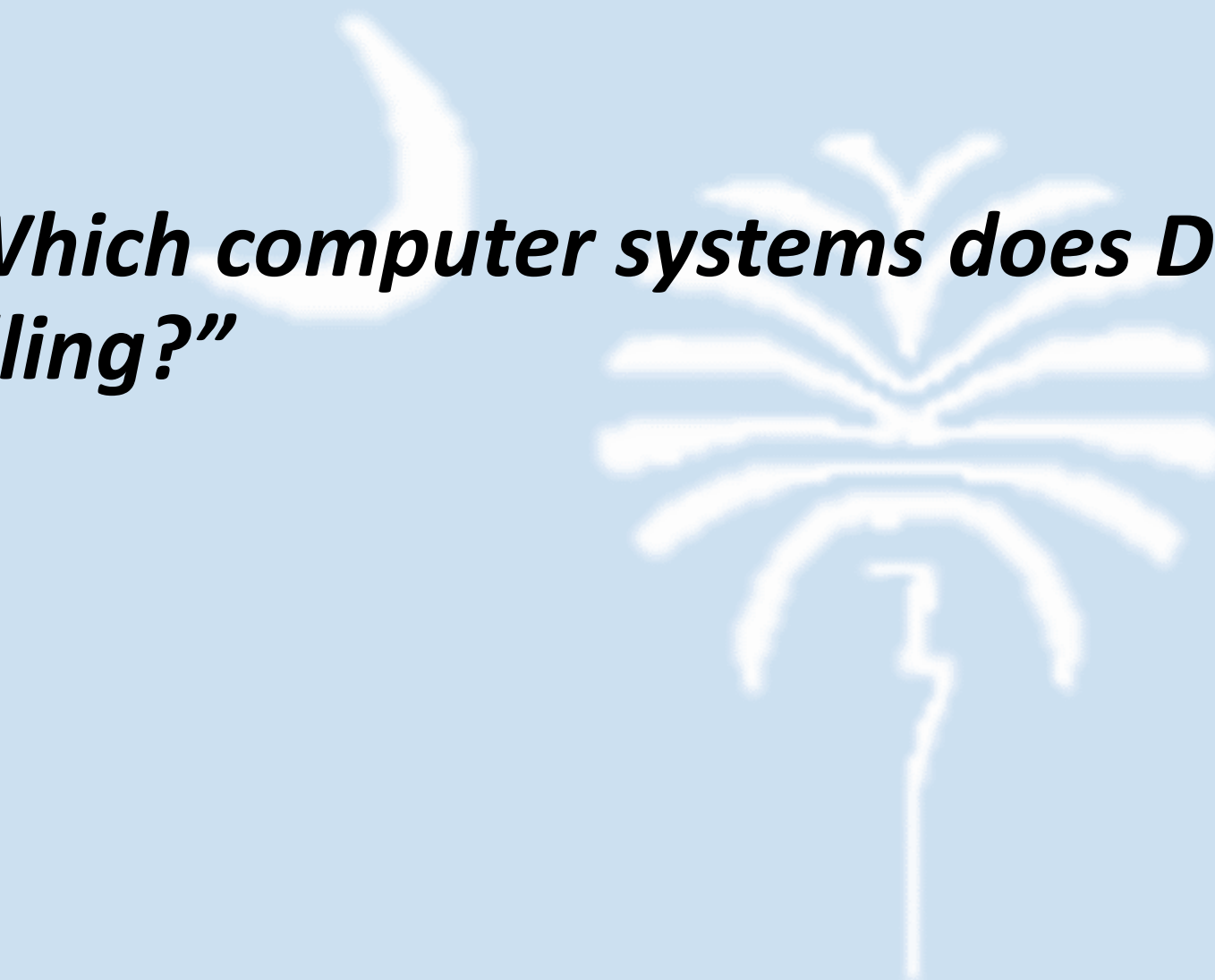
- Provided numerous education and training sessions about DDSN to students/families, school personnel and others;
- Developed and widely shared written information about DDSN;
- Developed a pathway so that, with the agreement of the student/family, collaboration between agencies regarding specific students could occur in order to enhance the likelihood of positive post-school outcomes.

Results of Efforts Thus Far

- Assisted to increase the number of Local Transition Teams.
The number of Local Transition Teams increased from 18 (May 2014) to 62 (Sept. 2017).
- Began utilizing the developed pathway to reach each DDSN eligible transition-aged student to discuss the importance of planning and preparation:
 - The first effort (FY 2017 November 2016) sought to contact the oldest students (age 20+). This was 552 students and we reached 14%
 - The current effort (FY 2018) seeks to contact students who are between ages of 18-21 which is 2,428 students. To date, we have reached 28%.
- Began linking students to appropriate resources. Since July 2016, 196 students have been referred to SCVRD.

Supplemental Materials

Chart on Interagency Post-Secondary Transition Process in SC:
Education, Vocational Rehabilitation and DDSN



“Which computer systems does DDSN use for billing?”

Statewide SCEIS Accounting System

- DDSN paid its required contribution for the use of the SCEIS accounting system in the fall of 2009. The contribution set by Department of Administration for DDSN was \$3.2M.
- DDSN has fully utilized the SCEIS accounting system since that point and moved from the old legacy system (TAG) that was in use for over 15 years. DDSN uses all available components of the statewide SCEIS accounting system.

DDSN Uses Three Systems for Accounting and Billing Purposes That are Outside of SCEIS

- 1. The Department of Administration's SPIRS (Statewide Permanent Improvement Reporting System) software for capital project authorizations and expenditure reporting:** The SPIRS is in works to be replaced, but has not been fully developed by the Department of Administration.
- 2. ADL Software Accounting System:** This is used by DDSN for client banking for Regional Center and Community ICF/IID consumers. This system will be replaced within the next year or so, once the Therap module for client banking has been fully designed and implemented. Therap is an electronic health record software that DDSN has purchased for its statewide service delivery system.
- 3. Medical Manager Information System:** This is a separate billing and accounting software that is used for processing claims for Medicaid reimbursement. This system is also being replaced within the capabilities of Therap over the next year or so.

“Intellectual Disabilities Agency Organizational Structures: Please provide a table that includes the following for each of the 50 states:

- Organizational structure (standalone with commission governance), standalone (cabinet governance), or umbrella);***
- Service funding mechanism (fee for service or capitated); and***
- Coordination with other agencies.”***

State ID/DD Agency Organizational Position in State Governments

2017 National Association of State Directors of Developmental Disability Services Survey (33 State Respondents):

ID/DD Agency Position in State Organizational Structure	Frequency	Percent
Stand-alone agency reporting directly to the Governor	1	18%
Report to Cabinet Level Agency Head; In Same Agency as State Medicaid	21	78%
Report to the State Medicaid Director	5	
Stand-alone commission with members appointed by the Governor	1	4%
TOTAL	33	100%

Take Away: 78% of ID/DD agencies (functions) positioned in the same agency with the State Medicaid agency (function) or directly subordinate to the State Medicaid Director

State ID/DD Agency Organizational Position in State Governments

Five Surrounding States' ID/DD Agency Organizational Position in State Government (Georgia; Tennessee; North Carolina; Virginia; and Florida)

ID/DD Agency Position in State Organizational Structure	Frequency	Percent
Stand-alone agency reporting directly to the Governor	1	20%
Report to Cabinet Level Agency Head (State Medicaid Agency)	1	20%
Stand-alone commission with members appointed by the Governor; Governor appoints ID/DD agency head	3	60%
Total	5	100%

- Take Aways:
- 1) Five surrounding states deviate from national position preference to place the ID/DD agency with the State Medicaid Agency under a common Cabinet Level Secretary or directly subordinate to the State Medicaid agency (78%);
 - 2) The three stand-alone Commissions' agency heads are appointed by Governor, which differs from South Carolina; in SC, DDSN Commissioners' appoint the agency head;
 - 3) All five state agencies use fee-for-service to pay providers along with a "front-end" consumer needs assessment to establish an individual budget or budget tier (upper limit cap), along with using the needs assessment to establish multiple payment rates for some services (i.e., residential and adult day)
[NOTE: NC & TN use a Manage Care Organization (MCO) model; however, the MCOs establish fee-for-service rates to its provider network; 9 states in US use MCO model to serve ID/DD consumers]

State ID/DD Agency Organizational Position in State Governments

Details of Five Surrounding States ID/DD Agency Organizational Position in State Government; Governance; and Payment System

Virginia

- Agency: Department of Behavioral Health & Developmental Services (stand-alone agency; agency head appointed by the Governor)
- Governance: Nine member Board appointed by the Governor
- Payment System: Fee-for-service; uses standard needs assessment to establish individual consumer's placement in funding tiers; tier placement allows establishing multiple payment rates for some services (i.e., residential and adult day); rates contain geographic rate differential [Northern Virginia (DC Metro) & rest of state]

Georgia

- Agency: Department of Behavioral Health and Developmental Disabilities (stand-alone agency; agency head appointed by the Governor)
- Governance: 9 member Board appointed by the Governor
- Payment System: Fee-for-service; uses standard needs assessment to establish individual consumer's budget; consumer's needs (acuity) assessment permits establishing multiple payment rates for some services (i.e., residential and adult day)

Florida

- Agency: Agency for Persons with Disability (standalone agency; agency head appointed by the Governor)
- Governance: Advisory Council appointed by the Governor
- Payment System: Fee-for-service; uses standard needs assessment to establish individual consumer's budget; consumer's needs (acuity) assessment permits establishing multiple payment rates for some services (i.e., residential and adult day)

North Carolina

- Agency: Mental Health, Developmental Disabilities, and Substance Abuse Services (division of the North Carolina Department of Health & Human Services)
- Governance: Governor Cabinet Level Health & Human Services Secretary (ID/DD division within NC HHS)
- Payment System: Managed Care Organization (MCO); despite being categorized as a MCO, the MCO pays fee-for-service to providers; uses standard needs assessment to establish individual consumer's budget; consumer's needs (acuity) assessment permits establishing multiple payment rates for some services (i.e., residential and adult day)

Tennessee

- Agency: Department of Behavioral Health and Developmental Disability (stand-alone agency; agency head appointed by Governor)
- Governance: Governor's Cabinet
- Payment System: Managed Care Organization (MCO); despite being categorized as a MCO, the MCO pays fee-for-service to providers; uses standard needs assessment to establish individual consumer's budget; consumer's needs (acuity) assessment permits establishing multiple payment rates for some services (i.e., residential and adult day)



“Provide the policy that explains the management/administrative review processes that occurs in cases of alleged abuse, neglect, or exploitation.”

DDSN Requirements for Reporting ANE Allegations

DDSN Directive 534-02-DD

Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a DSN Board or Contracted Service Provider

A full copy of Directive 534-02-DD is provided in the 10/24/2017 notebooks, pages 139 – 172 of 189.

A PowerPoint presentation for purposes of training DSN providers is provided in the 10/24/17 notebooks, pages 173- 188 of 189.

ANE Allegations and Incident Management

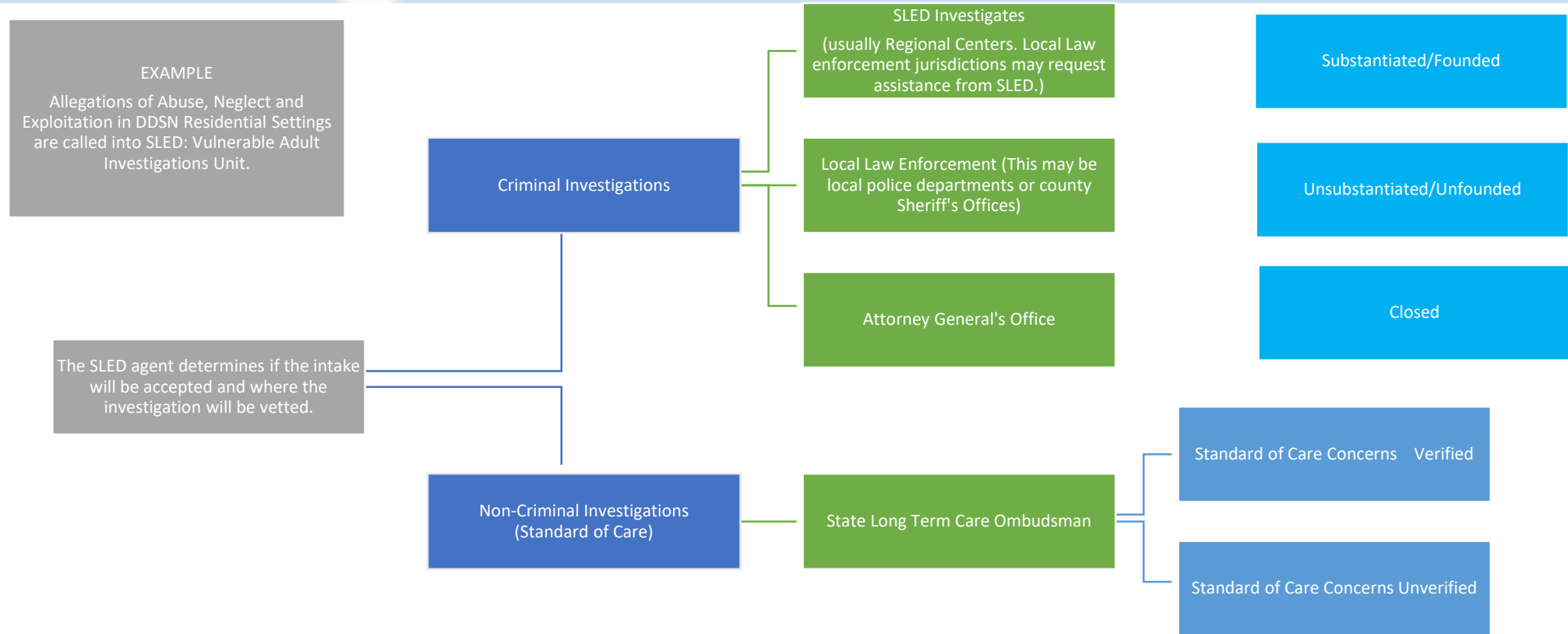
- A key component is the philosophy “When in doubt, report.” This inherently creates a number of reports that may be screened out by the investigative agencies.
- DDSN Changed Directive 534-02-DD in November 2014 to require a statewide, mandatory training format for all provider agencies. This standardized format also included a comprehension test to be completed by all staff on an annual basis. DDSN believes this change in the training strategy helped to raise awareness of issues related to ANE and strengthened the agency’s philosophy of “When in Doubt, Report.”

Possible Personnel Actions Resulting from Provider Internal Review of ANE Allegations



- This provider review process is completely separate from the investigative entity's (SLED, DSS, AG, LLE, SLTCO) investigation of the ANE allegation.
- Personnel actions may result from the provider's internal review but not be related to the allegation of ANE.
- Examples of disciplinary action may include: termination, resignation, written warning, verbal counseling, suspension, or other appropriate action.

An Example of the Reporting Process for an Adult Supported in DDSN Residential Settings



Reporting Continued

- When a law enforcement investigation leads to an arrest or when DSS determines that an allegation is "founded," DDSN requires the termination of the staff. DDSN currently records the allegation as "substantiated" at the time of arrest.
- Standard of Care Allegations may include non-criminal findings related to resident care, safety, hygiene, privacy, respect, rights, access, restraint, injuries of unknown origin. If the Ombudsman Investigator suspects Abuse, Neglect or Exploitation, they must refer the case back to SLED.
- When the alleged incident took place in a community setting (non-residential) or at a day program, DSS is the investigative entity.

“ If the provider requests to reinstate an employee as a result of the provider’s review but prior to the conclusion of an investigating agency’s review, what authority does DDSN have to refuse to allow reinstatement of the employee?”

DDSN Authority for ANE Resolution

- DDSN has no statutory authority to prevent providers from returning staff to work prior to completion of a criminal investigation.
- The authority DDSN exerts over providers related to the Abuse, Neglect, Exploitation allegations is held within the contractual relationship between providers and DDSN.

DDSN Contractual Relationship with Providers

Provider contracts require that the provider comply with the terms of the Fixed Price Bid solicitation.

- The DDSN Special Terms and Conditions of the solicitation requires that *“The Contractor shall comply with all current DDSN standards, policies, procedures, directives, and requirements for services. Failure to comply with all DDSN standards, policies, procedures, directives, and requirements for services may be considered a breach of contract.”*

DDSN ANE Provider Oversight

- Provider Staff Returning to Work in a Criminal Case:
 - General Rule: Upon receiving written law enforcement report indicating case closed as "unfounded" or "unsubstantiated" and the provider administrative report of incident has been completed, the provider can return employee to work.
 - Exception: Providers are often told by the investigating officer the case has concluded without substantiation, but the formal report is awaiting supervisory review prior to officially closing. Under these circumstances, a provider can complete a "Request for Reinstatement" form, which DDSN can approve to authorize employee returning to work prior to formal law enforcement report.
 - In all cases of “founded” or “substantiated” allegations, DDSN directives requires the provider to terminate the employment of the staff involved.

DDSN ANE Provider Oversight

Provider Staff Returning to Work in a Non-Criminal Case:

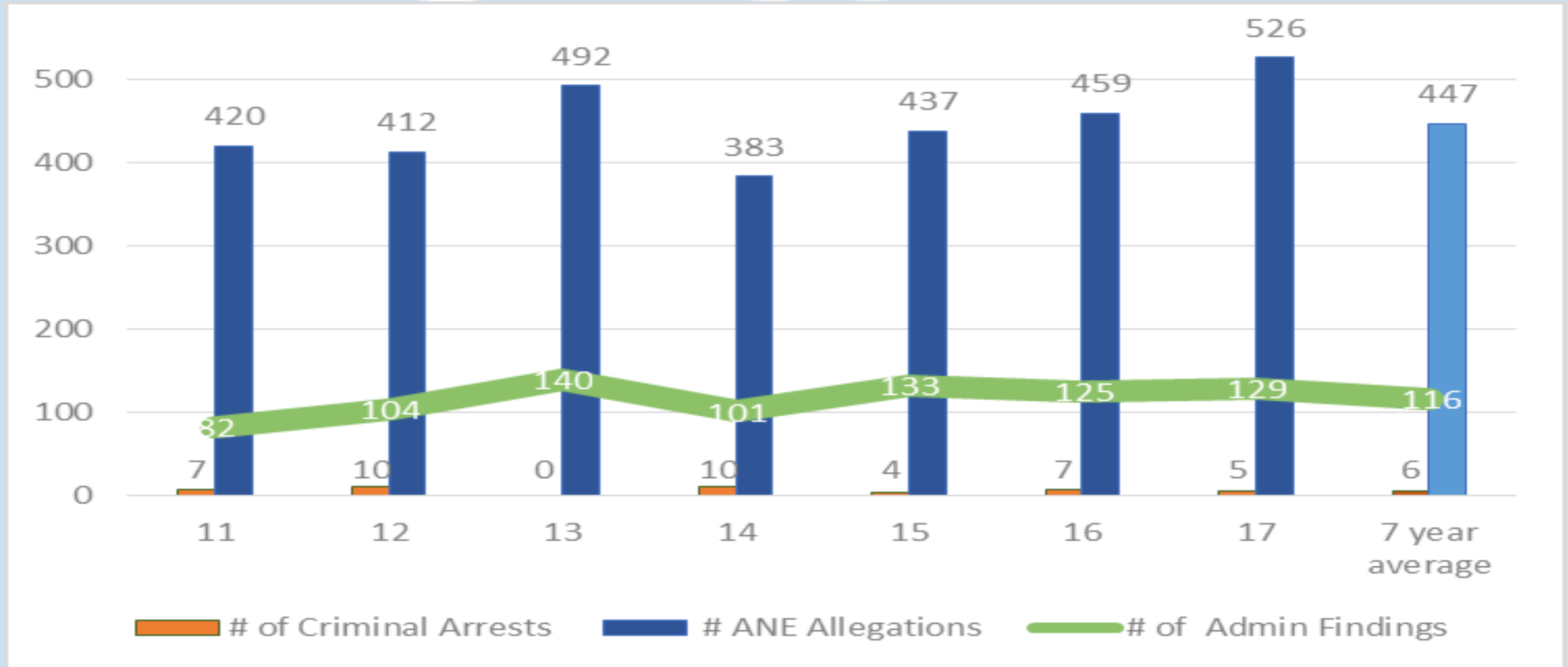
- Upon the provider's completion of its Administrative Review to determine if misconduct or violations to procedures/policies occurred, the provider has the complete authority to return the employee to work if it deems appropriate.
- The provider must complete an internal review to determine whether there were any policy or procedural violations or other risk management concerns. The provider determines the appropriate disciplinary action for their employees.

ANE Allegations with Criminal Arrests and Administrative Findings- Community Residential Services 2011-2017

Community Residential Analysis of Criminal Arrests & Substantiated Administrative Findings in ANE Allegations for FY 2011 - 2017						
FY	Total # of Consumers Served	# ANE Allegations	# of Criminal Arrests	% Arrests/ ANE Allegations	# of Admin Findings	% of Admin Findings/ ANE Allegations
11	4241	420	7	1.7%	82	19.5%
12	4248	412	10	2.4%	104	25.2%
13	4299	492	0	0.0%	140	24.4%
14	4362	383	10	2.6%	101	26.3%
15	4435	437	4	0.9%	133	30.4%
16	4587	459	7	1.5%	125	27.2%
17	4689	526	5	1.0%	129	24.5%
7 year average	4409	447	6	1.4%	116	25.4%

*Administrative Findings include both DSS Substantiated (non-Criminal Cases) and State Long Term Care Ombudsman's Standard of Care Findings.

ANE Allegations with Criminal Arrests and Administrative Findings- Community Residential Services 2011-2017

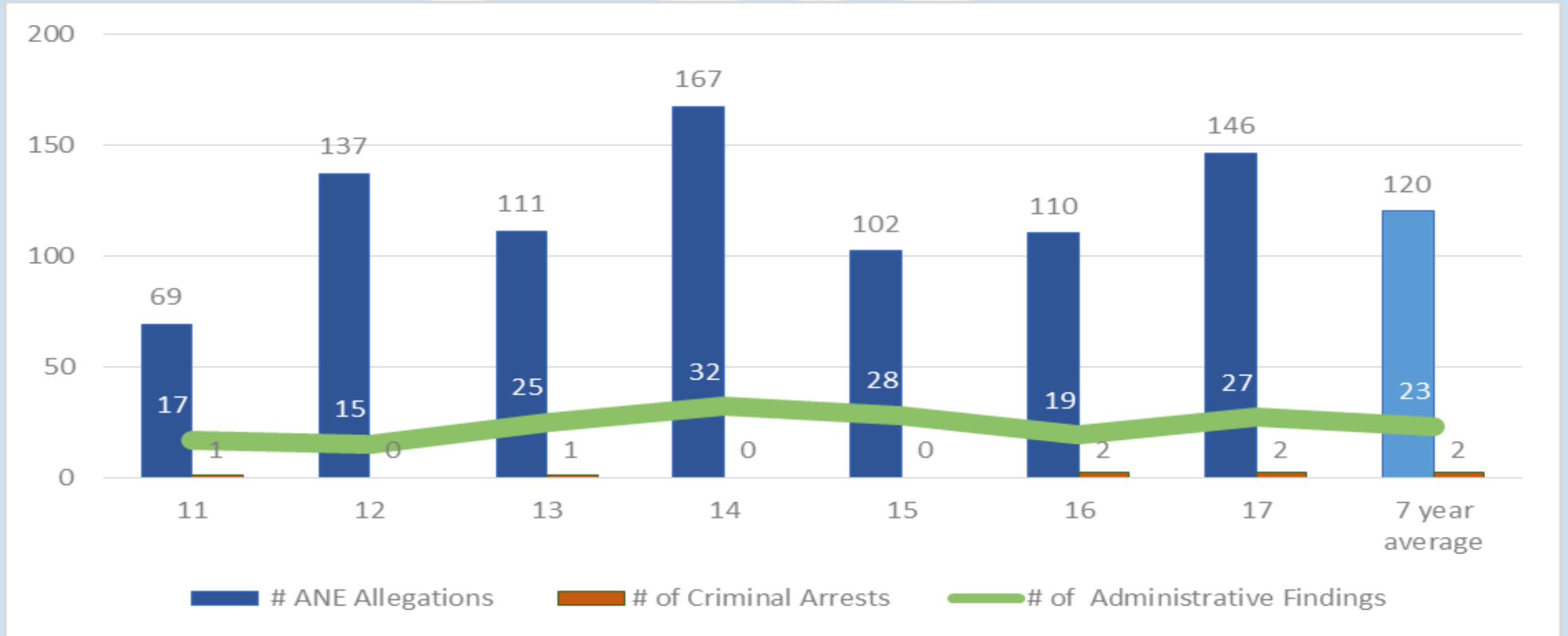


ANE Allegations with Criminal Arrests and Administrative Findings- Regional Centers 2011-2017

Regional Centers Analysis of Criminal Arrests & Substantiated Administrative Findings in ANE Allegations for FY 2011 - 2017							
FY	Total # of Consumers Served	# ANE Allegations	# of Criminal Arrests	% Arrests/ ANE Allegations	# of Administrative Findings	% of Admin Findings/ ANE Allegations	
11	812	69	1	1.4%	17	24.6%	
12	816	137	0	0.0%	15	10.9%	
13	795	111	1	0.9%	25	22.5%	
14	757	167	0	0.0%	32	19.1%	
15	753	102	0	0.0%	28	27.4%	
16	716	110	2	1.8%	19	17.2%	
17	703	146	2	1.3%	27	18.4%	
7 year average	765	120	2	1.6%	23	19.4%	

*Administrative Findings include both DSS Substantiated (non-Criminal Cases) and State Long Term Care Ombudsman's Standard of Care Findings.

ANE Allegations with Criminal Arrests and Administrative Findings- Regional Centers 2011-2017



DDSN ANE Provider Oversight

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 - General Rule: Upon receiving written law enforcement report indicating case closed as "unfounded" or "unsubstantiated" and the provider administrative report of incident has been completed, the provider can return employee to work.
 - Exception: Providers are often told by the investigating officer the case has concluded without substantiation, but the formal report is awaiting supervisory review prior to officially closing. Under these circumstances, a provider can complete a "Request for Reinstatement" form, which DDSN can approve to authorize employee returning to work prior to formal law enforcement report.
 - In all cases of “founded” or “substantiated” allegations, DDSN directives requires the provider to terminate the employment of the staff involved.



DDSN Human Resources Overview

DDSN Human Resource Overview

FTE Description	Funded FTEs	On-Board FTEs	Funded Vacancies	Vacancy %
General Administrative	83.6	81.0	2.6	3.1%
Program Administrative	92.4	86.0	6.4	6.9%
Autism Direct Service	57.0	48.0	9.0	15.8%
Regional Centers Direct Service	1773.0	1485.0	288.0	16.2%
Total	2006.0	1700.0	306.0 *	15.2%

*DDSN employs 208 temporary workers totaling 166 full work years

DDSN FTEs

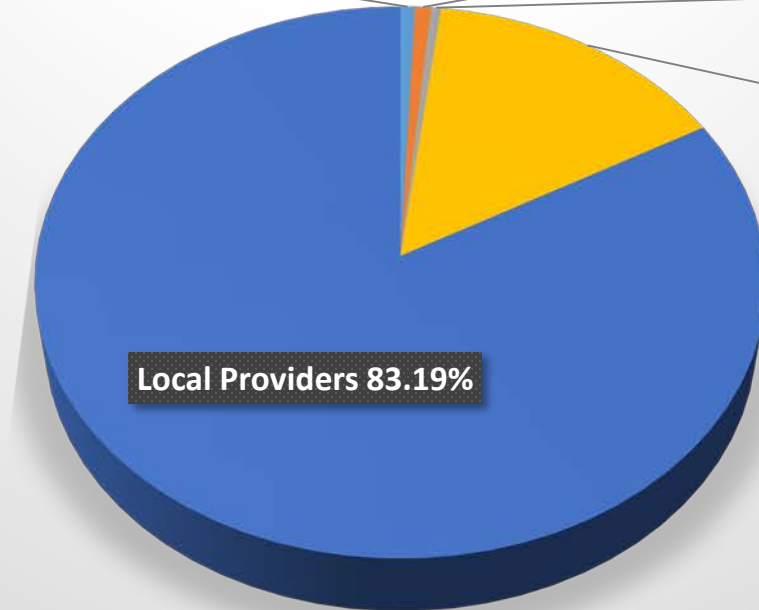
SC Department of Disabilities & Special Needs FTEs

CO - Admin &
District Offices
0.70%

CO - Program &
Services 0.77%

Autism Direct Services
0.48%

Regional Centers 14.86%



Local Providers 83.19%

- CO - Admin & District Offices
- CO - Program & Services
- Autism Direct Services
- Regional Centers
- Local Providers

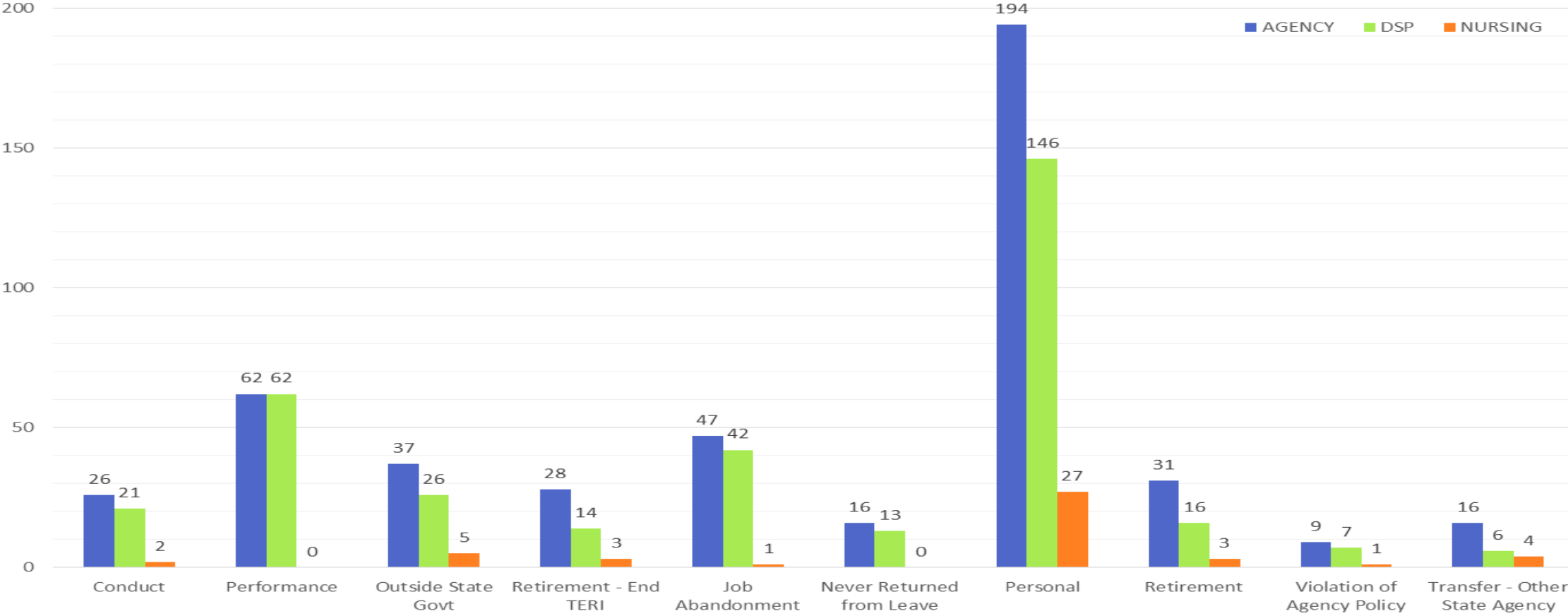
HR Supplemental Materials

- HR Delegation Audit: No Recommendations
- South Carolina Department of Disabilities and Special Needs Training Requirements for DDSN Regional Centers and Contracted Provider Staff as indicated in DDSN Directive 567-01-DD: Employee Orientation, Pre-Service and Annual Training Requirements
- Administrative Indicators Reviewed through DDSN's Contract Compliance Review Process for each service type

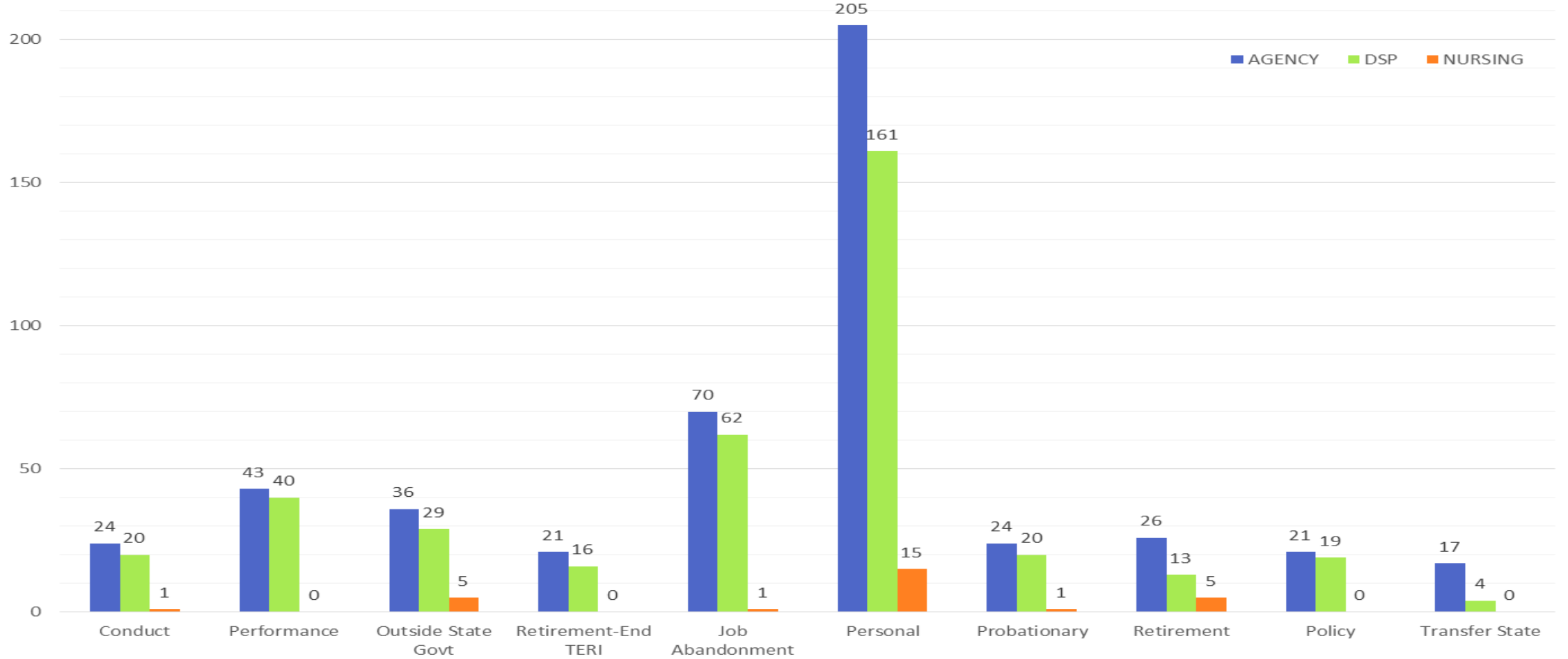


Turn Over Rates

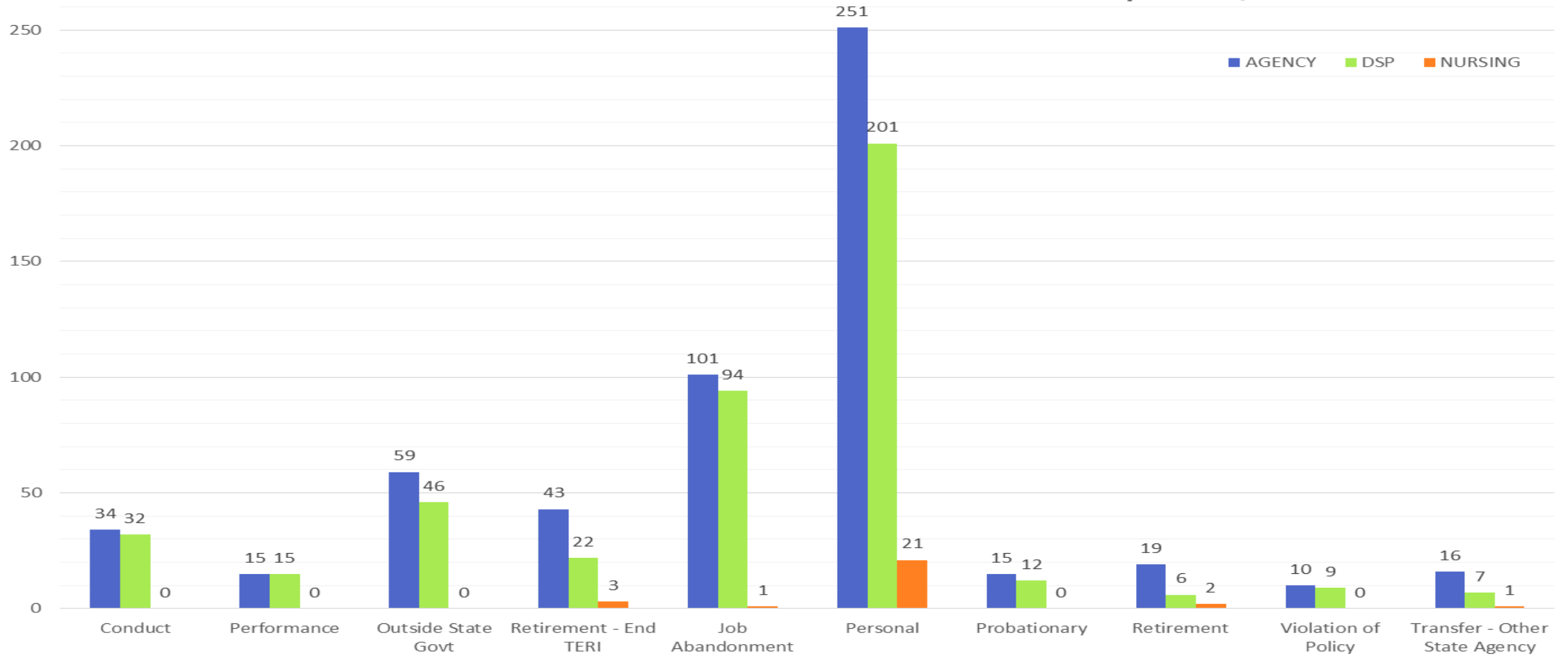
DDSN Turnover Reasons: FY 2014/2015



DDSN Turnover Reasons: FY 2015/2016



DDSN Turnover Reasons: FY 2016/2017



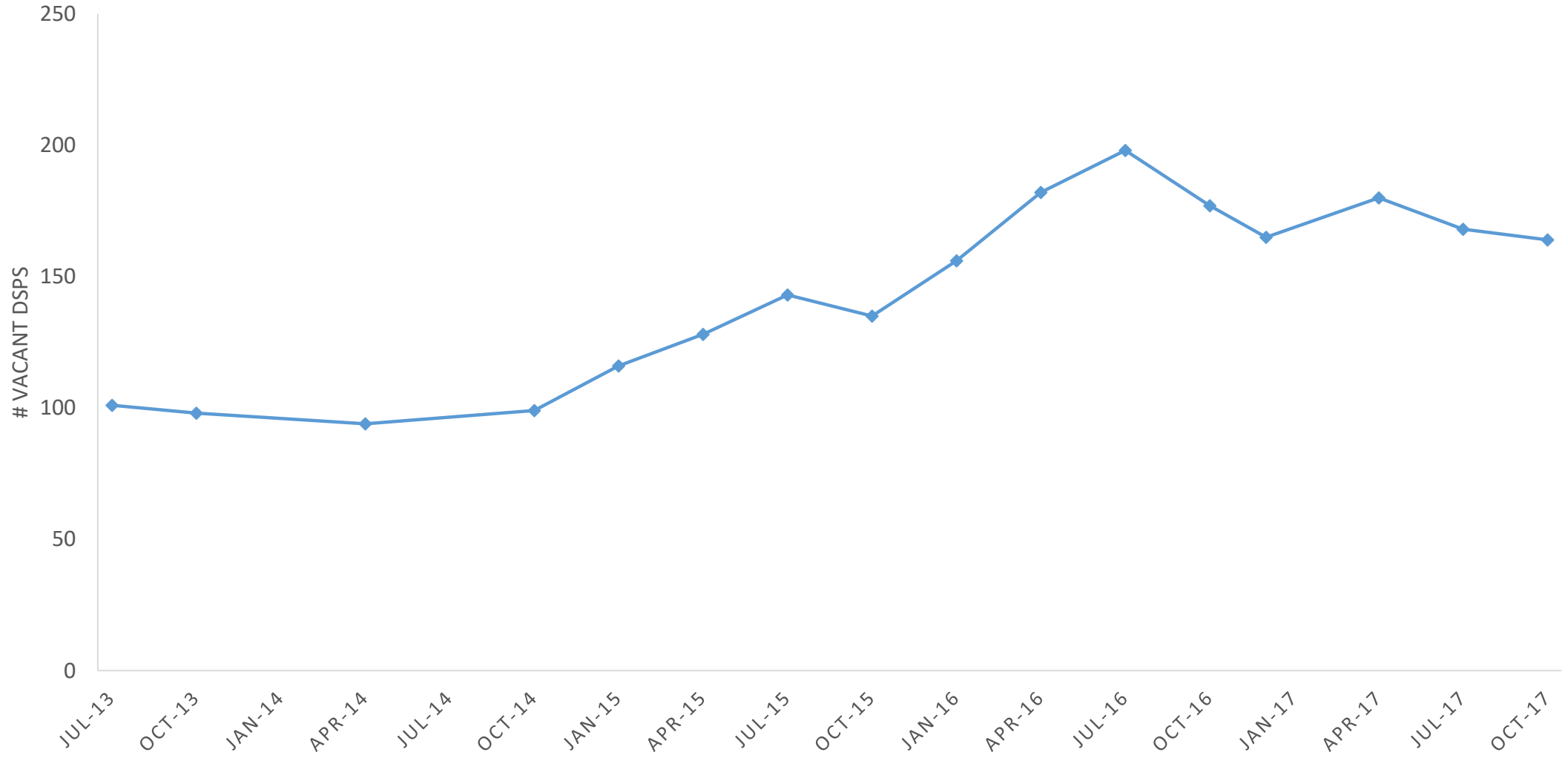
Turn Over and Direct Support Professionals (DSP) Within the DDSN System

- DDSN Regional Centers and the DSN Boards/private providers have experienced significant direct support staff (DSP) turnover during the past several years.
- DSPs provide the majority of services to individuals served through the DDSN system
- DSP stability is an important factor to the delivery of quality services
- High DSP turnover and recruitment difficulties results in significant vacancies and increased overtime

Steps Taken to Address Direct Support Professional Turnover

- The General Assembly/Governor generously responded to the DDSN request for funds to increase DSP pay by \$0.89/hour in FY2018
- Used non-recurring funding to provide \$960,000 in recruitment/retention grants to the DSN Board/private providers
- Surveyed DSPs from DSN Boards/private providers and regional centers on work satisfaction
 - o Performance of direct supervisors was most important factor in job satisfaction
 - o Efforts will be undertaken to enhance training provided to frontline supervisors
- Engaged a staffing agency to provide DSPs at the Regional Centers
- Initiated employee referral and retention bonuses for DSPs at the Regional Center
- Anecdotal information suggests these actions have had some positive impact on DSP recruitment and retention in the community; DSP vacancies at the Regional Centers have declined

REGIONAL CENTER DSP VACANCIES



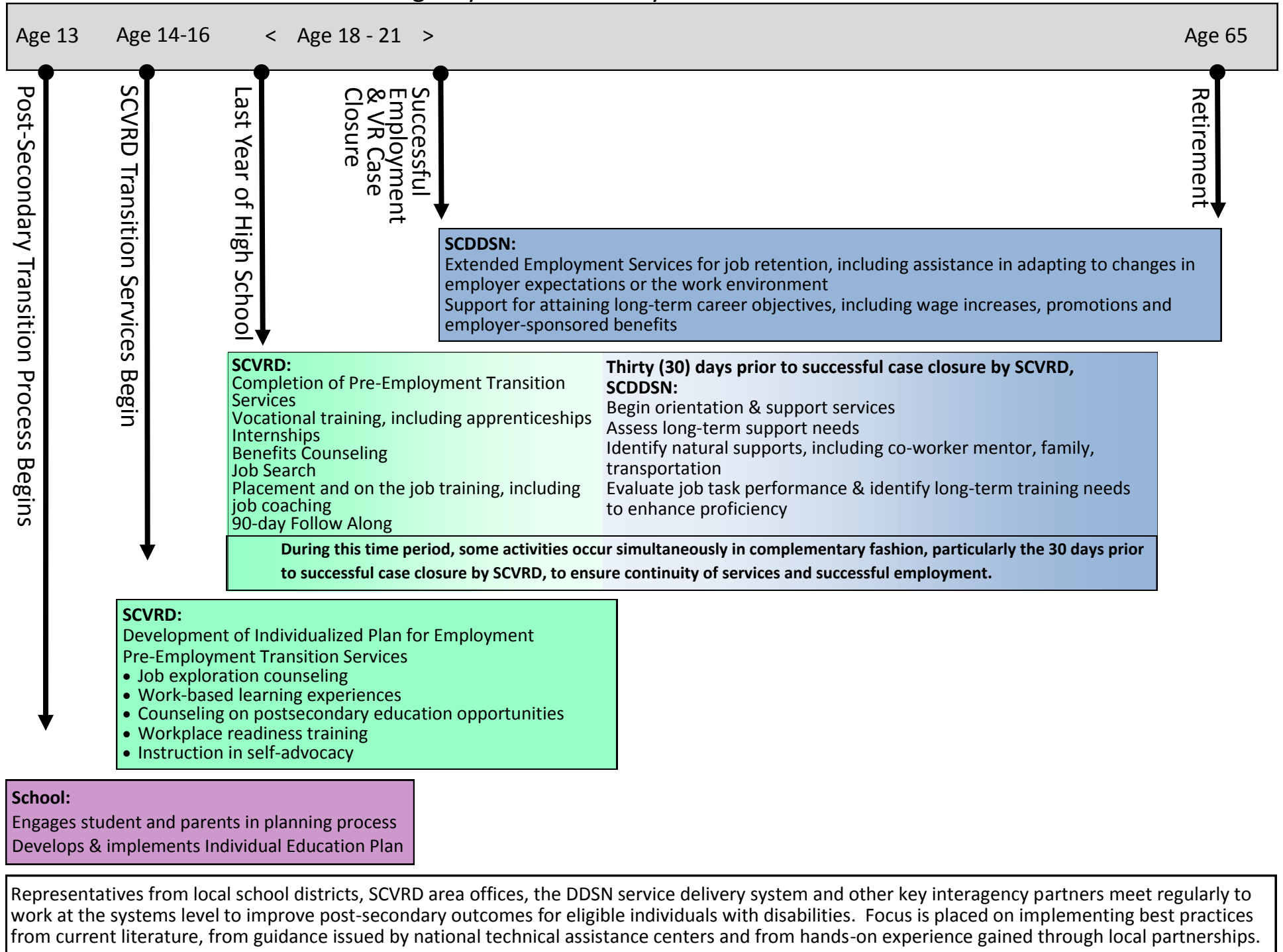
Service Listing by Individual Age Group

Service: Definition	Covered for children (less than age 21)?	Covered for adults (21 and older)?	Covered for adults (21 +) if enrolled in specified waiver?
Vision: Diagnosis and treatment to improve vision, including eyeglasses.	Yes	No	Yes <ul style="list-style-type: none"> • DDSN's ID/RD Waiver
Dental: Services for relief of pain and infections, restoration of teeth and maintenance of dental health, including exams, cleaning and fluoride treatment.	Yes	Yes, limited to \$750 per year for annual cleaning, oral exams, X-rays, extractions, fillings.	Yes Additional coverage if enrolled in: <ul style="list-style-type: none"> • DDSN:ID/RD
Hearing: Diagnosis and treatment to improve hearing to include hearing aids.	Yes	No	Yes <ul style="list-style-type: none"> • DDSN: ID/RD
Personal Care: Services to help with normal daily activities such as bathing, dressing, preparing meals, laundry, light housekeeping, etc. and to monitor medical conditions.	Yes	No	Yes <ul style="list-style-type: none"> • DDSN: ID/RD or CS • DHHS: CC, HIV/AIDS, MVD
Nursing: Skilled medical monitoring, direct care, and interventions that meet the medical needs of the client.	Yes	No	Yes <ul style="list-style-type: none"> • DDSN: ID/RD or HASCI • DHHS: HIV/AIDS, MVD
Incontinence Supplies: Diapers/briefs, under-pads, wipes, liners, and disposable gloves.	Yes	Yes, limited coverage.	Yes Additional coverage if enrolled in: <ul style="list-style-type: none"> • DDSN:ID/RD,CS,HASCI
Specialized Medical Equipment and Supplies: Items that are medically necessary such as bath safety equipment, lifts, nutritional supplements, medical supplies.	Yes	Yes, limited coverage.	Yes Additional coverage if enrolled in: <ul style="list-style-type: none"> • DDSN: ID/RD, HASCI • DHHS: CC, HIV/AIDS, MVD
Autism Spectrum Disorder(ASD) Services: Evidence-based behavioral and psychological.	Yes	No	No

▲ Coverage for services noted above is federally mandated as Early and Periodic Screening, Diagnostic and Treatment (EPSDT) which provides comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid. States are required to provide comprehensive services, furnish all Medicaid coverable, appropriate, medically necessary services necessary to correct and ameliorate health conditions, based on certain federal guidelines.

▲ Covered Medicaid services are in addition to the special education and related services made available to eligible children (3-21 years of age) with disabilities by the Individuals with Disabilities Education Act (IDEA)

Interagency Post-Secondary Transition Process in SC





THE SOUTH CAROLINA
DEPARTMENT of ADMINISTRATION

Nikki R. Haley, Governor
Marcia S. Adams, Executive Director

DIVISION of STATE HUMAN RESOURCES
Kim Aydlette, Director
8301 Parklane Road, Suite A220
Columbia, SC 29223
803.896.5300
803.896.5050 fax

May 6, 2016

RECEIVED

MAY 13 2016

SODDSN
HUMAN RESOURCES
CENTRAL OFFICE

Ms. Deirdre Blake-Sayers, Director
Human Resources
SC Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, South Carolina 29203

Dear Ms. Blake-Sayers:

The results of the audit of your delegated transactions from July 1, 2014 to June 30, 2015 are attached. Thank you for your assistance during the audit

Should you have any questions regarding your agency's audit results, please feel free to contact me at 803-896-5064.

Sincerely,

Susan S. Hance

Susan S. Hance
Senior HR Consultant

Enclosure

cc: Dr. Beverly A. H. Buscemi

*Deirdre,
I will scan you
the copies of our
internal audit forms
and notes next
week as promised.
Susan*

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CLASSIFICATION DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
February 11, 2016

- I. Audit Period: July 1, 2014 thru June 30, 2015
- II. Auditors: Susan Hance and Kelly Watkins
- III. Delegated Reclassification Actions: Printouts on file with DSHR
7/1/14 - 6/30/15
Total Number of Reclassifications: 81
Total Number of Actions Audited: 26
- IV. Sampling Size: 32.10%
- V. Purpose of Audit:
 - 1. To determine if internal procedures are established for the review and processing of delegated classification actions.
 - 2. To determine if the agency maintains an approved copy of the classification delegation agreement and all other correspondence related to its classification delegation program.
 - 3. To determine whether delegated position descriptions are filed for ease of retrieval and review.
 - 4. To determine whether the job duties on the position description are appropriate to the classification of the position.
 - 5. To determine whether the position descriptions include: internal titles (if used), essential and marginal functions, percentages of time spent on each job duty, and appropriate coding and signatures.
 - 6. To determine whether the class code and position number is correct on each position description.
 - 7. To determine if authorized or effective dates on position descriptions fall on or after the approval date.
- VI. Findings:
 - 1. The agency was able to produce a copy of the classification delegation agreement.

2. The agency had 100% or 26 out of the 26 actions that were appropriately classified.
3. Out of the position descriptions audited the following was noted:
 - **Appropriate coding and signatures**
 - 88.46% or 23 out of the 26 had the appropriate coding and signatures
 - **Appropriate class code and position number**
 - 92.31% or 24 out of the 26 had the class code and position number.
 - **FLSA designation**
 - 100% or 26 out of the 26 actions audited had the FLSA designation
 - **State minimum training and experience**
 - 100% or 26 out of the 26 actions audited had minimum training and experience that at least met the State minimum classification specification
 - **Essential and marginal functions**
 - 88.46% or 23 out of the 26 actions audited had essential and marginal functions designated.
 - **Percentages of time spent on each job duty**
 - 96.15% or 25 out of the 26 actions audited had percentages of time that equaled 100%.
4. The agency had 100% or 26 out of the 26 actions audited that were approved before or on the effective date.
5. Zero percent or 0 out of the 26 classification actions audited were missing position descriptions.

VII.

Recommendation(s):

- **PD/State Specification Comparison**
 - No Recommendations.
- **Minimum Training and Experience**
 - No Recommendations.
- **Essential & Marginal Functions**
 - No Recommendations.
- **Job Functions**
 - No Recommendations.
- **Coding & Signatures**
 - No Recommendations.
- **FLSA**
 - No Recommendations.

- **Class Code & Position #**
 - No Recommendations.
- **Approval Dates & Effective Dates**
 - No Recommendations.
- **Missing Delegated Position Descriptions**
 - No Recommendations.
- **Agency maintain copy of classification delegation agreement**
 - No Recommendations.

VIII. Summary:

It appears that the decisions made by the agency during this audit period regarding reclassification actions are sound. The agency is in compliance with the classification delegation agreement. Excellent audit results.

HIRE ABOVE MINIMUM DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
February 11, 2016

- I. Audit Period Covered: July 1, 2014 – June 30, 2015
- II. Auditors: Susan Hance and Kelly Watkins
- III. Delegated Hire Above Minimum Actions: Printouts on file with DSHR

7/1/14 - 6/30/15

Number Hired Above Minimum: 386

Number of Actions Audited: 58

- IV. Sampling Size: 15.03 %

- V. Purpose of Audit:

- 1. To determine if internal procedures are established for the review and documentation of delegated hire above minimum actions.
- 2. To determine if the agency maintains an approved copy of the hire above minimum delegation agreement and all other correspondence related to its hire above minimum delegation program.
- 3. To determine whether hire above minimum documentation is filed for ease of retrieval and review.
- 4. To determine whether proper documentation exists for each hire above minimum action, to include:
 - A completed employment application with salary history and dates of employment
 - Position title, class code and slot to include internal title, if used
 - Pay band and salary range
 - Proposed salary above minimum
 - Agency average salary, internal title average salary
 - Statewide average salary, if applicable
 - Justification statement to include not only that the applicant exceeds the minimum requirements, but also a description of why the salary is needed to hire the individual (e.g., market, recruiting/retention difficulties, most qualified and little time needed for training, etc.)
 - Hire date
 - Authorized signature and date of approval

5. To determine whether actions are approved prior to the hire date of the applicant.
6. To determine whether actions are true new hires, or whether another action code, such as promotion, demotion, or transfer is appropriate.
7. To determine whether recommendations from previous audits have been implemented.

VI. Findings:

1. The agency was able to produce its copy of the hire above minimum delegation agreement.
2. This section summarizes the documentation for each hire above minimum action. There were a total of 58 hire above minimum actions audited.
 - **Completed Application Including Employment Dates** –94.83% or 55 out of the 58 actions audited had a completed application including employment dates.
 - **Title/Class (including internal title)** – 100% or 58 out of the 58 actions audited had the title/class.
 - **Pay Band/Salary Range** -98.28% or 57 out of the 58 actions audited had the pay band and salary range.
 - **Proposed Salary Above Minimum** - 98.28% or 57 out of the 58 actions audited had the proposed salary and percentage above minimum.
 - **Average Salary Data** – 86.21% or 50 out of the 58 actions audited had average salary data.
 - **Justification Statement of HAM** – 82.76% or 48 out of the 58 actions audited had an adequate justification statement.
 - **Approval Date on or Prior to Hire Date** - 100% or 58 out of the 58 actions audited had the approval date on or prior to the hire date.
 - **Authorized Signature & Approval Date** – 89.66% or 52 out of the 58 actions audited had an authorized signature and/or approval date.
 - **New hires coded appropriately** - 100% or 58 out of the 58 actions audited were coded correctly as a new hires.

VII. Recommendations:

- ^ **Completed Application including Employment Dates** - No Recommendations.
- ^ **Title/Class (including internal title)** - No Recommendations.
- ^ **Pay Band/Salary Range** -No Recommendations.
- ^ **Proposed Salary Above Minimum** - No Recommendations.
- ^ **Average Salary Data** No Recommendations.

- ^ **Justification Statement of HAM** - Ensure that an internal approval form is included with each action. This will ensure that a justification statement is present for each hire above minimum action. The justification statement should include reasons above and beyond the fact that the applicant has training and experience which exceeds the minimum requirements. Justification statements need to be job related, factual, and non-discriminatory.
- ^ **Approval Date on or prior to Hire Date** No Recommendations.
- ^ **Authorized Signature & Approval Date** - Ensure the authorized signature and approval dates are included on your internal approval form.
- ^ **Did Employee Come from Other State Agency** - No Recommendations.
- ^ **Delegation Contract on File** - No Recommendations.

VIII. Summary:

It appears that the decisions made by the agency during this audit period regarding reclassification actions are sound. The agency is in compliance with the classification delegation agreement. Ensure that an internal hire above minimum form is attached with each action. For hiring actions that are using the internal hiring rate, this statement can be used as the justification for the hire above minimum.

TEMPORARY SALARY ADJUSTMENT DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
February 11, 2016

- I. Audit Period Covered: July 1, 2014 – June 30, 2015
- II. Auditor: Susan Hance and Kelly Watkins
- III. Delegated Temporary Salary Adjustment Actions: Printouts on file with DSHR

7/1/14 - 6/30/15

Number of Temporary Salary Adjustments: 4

Number of Actions Audited: 4

- IV. Sampling Size: 100%
- V. Purpose of Audit:
 - 1. To determine if internal procedures are established for the review and documentation of delegated temporary salary adjustment actions.
 - 2. To determine if the agency maintains an approved copy of the temporary salary adjustment delegation agreement and all other correspondence related to its temporary salary adjustment delegation program.
 - 3. To determine whether temporary salary adjustment documentation is filed for ease of retrieval and review.
 - 4. To determine whether proper documentation exists for each temporary salary adjustment, to include:
 - λ Employee Name
 - λ Current Class Title
 - λ Current Salary
 - λ Amount or % increase of the temporary salary adjustment
 - λ Justification of additional responsibilities
 - λ Effective Date
 - λ Duration (* Not to exceed one year)
 - λ Approval Signature and Date
 - 5. To determine whether actions are approved prior to the employee receiving a temporary salary adjustment.
 - 6. To determine whether an extension of the temporary salary adjustment beyond one year has DSHR approval prior to the expiration date of the adjustment.

VI. Findings:

1. The agency was able to produce its copy of the temporary salary adjustment delegation agreement.
2. This section summarizes the documentation for each temporary salary adjustment action. There were a total of 4 temporary salary adjustment actions audited.
 - **Employee Name** – 100% or 4 out of the 4 actions audited had completed documentation including employee’s name.
 - **Title/Class (including internal title)** – 100% or 4 out of the 4 actions audited had the title/class.
 - **Employee’s Current Salary** – 100% or 4 out of the 4 actions audited had the employee’s current salary.
 - **Proposed Salary & Percentage** – 100% or 4 out of the 4 actions audited had the proposed salary and percentage.
 - **Justification of Additional Responsibilities** – 75% or 3 out of the 4 actions audited had an adequate justification statement of additional responsibilities.
 - **Effective Date** - 100% or 4 out of the 4 actions audited had the effective date of the temporary salary adjustment.
 - **Duration** – 75% or 3 out of the 4 actions audited had the duration of not to exceed one year.
 - **Authorized Signature & Approval Date** – 100% or 4 out of the 4 actions audited had an authorized signature and/or approval date.
3. 75% or 3 out of the 4 actions audited had the duration of not to exceed one year.
4. 100% or 4 out of the 4 actions audited had an authorized signature and/or approval date.

VII. Recommendations:

- ^ **Employee Name** - No Recommendations
- ^ **Title/Class (including internal title)** - No Recommendations
- ^ **Employee’s Current Salary** - No Recommendations
- ^ **Proposed Salary & %** - No Recommendations
- ^ **Justification Statement of TSA** - No Recommendations
- ^ **Effective Date** - No Recommendations
- ^ **Duration** – The duration should not exceed one year. A request for an extension of the TSA should be submitted to the Division of State Human Resources prior to the end date, if necessary.
- ^ **Authorized Signature & Approval Date** – No Recommendations

VIII. Summary:

It appears that the decisions made by the agency during this audit period regarding temporary salary adjustment actions are sound. The agency is in compliance with the temporary salary adjustment delegation agreement. Excellent audit results.

South Carolina Department of Disabilities & Special Needs

Training Requirements for DDSN Regional Centers and Contracted Provider Staff as indicated in DDSN Directive 567-01-DD.

Outline of Minimum Requirements for Curriculum

Module	Staff Must Demonstrate Knowledge/Understanding of the MINIMUM COMPETENCIES listed below.	Pre- service	Before Performing Skill	Within 45 Days	Skills Recheck
Mission, Vision, Values	<ul style="list-style-type: none"> Demonstrate understanding of the mission, vision and values of the employing organization. Explain role in the agency's mission. 			X	
Confidentiality, HIPAA	<ul style="list-style-type: none"> Privacy and security of information and records of people served by DDSN is protected by SC state laws and Federal laws. Confidential records may not be accessed without a written release of information form signed by the individual or their legally authorized representative, unless required by law. Verbal release of information should not be done, except under emergency situations. The individual (and their parents, if they are a minor) has the right to access their records. Explain how to maintain confidentiality in conversations and on phone. Intent and purpose of HIPAA. Necessity to be compliant with HIPAA requirements. Penalties for failure to comply with HIPAA regulations. 	X			Annual
False Claims Recovery	<ul style="list-style-type: none"> Understand False Claims Act and penalties for violation. Understand how to report Medicaid fraud. 	X			
First Aid	<ul style="list-style-type: none"> Obtain first aid certification. 	X			Red Cross/ comparable
CPR	<ul style="list-style-type: none"> Obtain certification in CPR. 	X			Red Cross / comparable
Prevention of Abuse, Neglect and Exploitation	<ul style="list-style-type: none"> Definition and Types of abuse. How and to whom to report suspected abuse. Responsibilities as a mandated reporter. Penalties for perpetrating abuse. Penalties for failure to report abuse. Demonstrate knowledge of ways to prevent abuse (e.g., walk away, go to supervisor, etc.) 	X			Annual
Critical Incidents	<ul style="list-style-type: none"> Definition of a critical incident. 	X			

South Carolina Department of Disabilities & Special Needs

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Module	Staff Must Demonstrate Knowledge/Understanding of the MINIMUM COMPETENCIES listed below.	Pre- service	Before Performing Skill	Within 45 Days	Skills Recheck
	<ul style="list-style-type: none"> • How to report critical incidents. • Actions to take in the event of a critical incident. 				
Consumer Supervision	<ul style="list-style-type: none"> • Supervision needs of each individual must be assessed and a plan established to meet the needs. • Supervision needs of an individual must be balanced with their rights and personal choice. • Supervision plans must be developed to address supervision needs through the day and evening, including meals and baths. • Staffs responsibility to provide appropriate supervision to people based on their individual plan. 	X			Annual
Signs and Symptoms of Illness and Seizures	<ul style="list-style-type: none"> • Recognize signs/symptoms that individual may be ill (e.g., dehydration, constipation, etc.). • Take appropriate action according to agency medical protocol. • Recognize seizure activity. • Take actions/interventions necessary according to seizure protocol. • Understand and recognize possible side effects of medications of individuals supported. • Know where to locate relevant health care information for individuals supported. 	X			
Recognizing and Responding to Suicidal Behavior	<ul style="list-style-type: none"> • Recognize suicidal behavior. • Respond appropriately to suicidal behavior. 	X			
OSHA Guidelines, Work Place Safety	<ul style="list-style-type: none"> • Understand purpose of OSHA regulations. • Work place health and safety. • Blood born pathogens. • Universal precautions. • Handle chemicals in the work place appropriately. • Operate machinery/tools in workplace safely. 	X			Annual
Fire Safety/Disaster	<ul style="list-style-type: none"> • Identify emergency. • Locate and follow Evacuation plan. 	X			Annual

South Carolina Department of Disabilities & Special Needs

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Module	Staff Must Demonstrate Knowledge/Understanding of the MINIMUM COMPETENCIES listed below.	Pre- service	Before Performing Skill	Within 45 Days	Skills Recheck
Preparedness	<ul style="list-style-type: none"> • Locate emergency notification information including who is to be informed of an emergency and in proper order. • Familiar with potential local disasters. • Learn location of disaster preparedness plan. • How to implement. • Conduct fire and other emergency drills according to agency policy. 				
Consumer Funds	<ul style="list-style-type: none"> • Familiar with policies regarding the handling of consumer funds. • Assist and support consumers in financial matters according to policy. 	X			Annual
Medication Technician Certification	See DDSN Directive 603-13-DD: Medication Technician Certification for details.		x		Annual
Physical Management (turning, positioning, body mechanics, etc.)	<ul style="list-style-type: none"> • Lift, turn, position an individual using recognized safe body mechanics. • Follow generalized or individualized protocol. • Use assistive lifting devices (such as back belts, etc.). • Position individuals safely in chairs and wheel chairs based on their individual support plans. 	X			
Active Treatment and ICF/IID Regulations	<ul style="list-style-type: none"> • Familiar with and knows how to apply ICF/IID regulations. • Understands concept and requirement for Active Treatment. (ICF/IID Programs only) 	X			
Lifting, Transfers & Passenger Assistance	<ul style="list-style-type: none"> • Use vehicle lifts appropriately. • Secure individuals who use wheelchairs in van safely. • Know consumer's individual needs while riding in van (e.g., behavior management, safety). • Know what equipment is stored in van and how to use sites. 		X		
Personal Care	<ul style="list-style-type: none"> • Assist individuals in completing personal care (e.g., hygiene and grooming) activities. • Explain importance of privacy and respect when completing personal care activities. 		X		
Defensive Driving	<ul style="list-style-type: none"> • Pass defensive driving course. 		X		Curriculum Specific

South Carolina Department of Disabilities & Special Needs

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Module	Staff Must Demonstrate Knowledge/Understanding of the MINIMUM COMPETENCIES listed below.	Pre- service	Before Performing Skill	Within 45 Days	Skills Recheck
(National Safety Council)					
Approved Crisis Management Curriculum	<ul style="list-style-type: none"> Successfully complete training in an approved crisis management curriculum. 		X		Curriculum Specific
Person Centered Planning and Personal Outcome Measures	<ul style="list-style-type: none"> Understand person centered planning. Understand importance of community inclusion. Understands self-determination. Understand importance of providing individuals with choices in day-to-day life. Familiar with Personal Outcome Measures and importance of assisting individuals in recognizing their interests, personal preferences and goals. 			X	
Rights, Due Process	<ul style="list-style-type: none"> Understand all individuals have rights. Know basic human rights. Understand function of Human Rights Committee and requirement for due process. Assist individuals in exercising rights in day-to-day interactions and choices. Assist individuals in advocating for themselves. 			X	Annual
Understanding Disability	<ul style="list-style-type: none"> Develop basic understanding of disability. 			X	
Personal Property Inventory	<ul style="list-style-type: none"> Assist individuals in maintaining and keeping up with personal property. Understand requirement to inventory personal property. Completes inventory according to agency policy. Documents inventory appropriately. 		X		
Planning Process	<ul style="list-style-type: none"> Understand individual service planning process. Understand assessment process and how goals and objectives are developed. Implement individualized plan based on the person's preferences, needs, 			X	

South Carolina Department of Disabilities & Special Needs

Training Requirements for DDSN Regional Centers and Contracted Provider Staff as indicated in DDSN Directive 567-01-DD.

Module	Staff Must Demonstrate Knowledge/Understanding of the MINIMUM COMPETENCIES listed below.	Pre- service	Before Performing Skill	Within 45 Days	Skills Recheck
	<ul style="list-style-type: none"> and interests using various instructional strategies and teaching techniques. • Record necessary documentation accurately and consistently. 				
Skills training	<ul style="list-style-type: none"> • Define role in skills training with individuals. • Define functional skills. • Define age appropriate skills. • Identify natural and appropriate times to teach a skill. • Define and identify a variety of instructional prompts. • Describe how to document training. • Describe ways to encourage participation in training. 			X	
Supervisor's On-the-Job Training Checklist	<ul style="list-style-type: none"> • Specific to job and population served 			X	
Personal Property Inventory	<ul style="list-style-type: none"> • Understand the requirements for inventorying personal property. • Understand the importance of keeping an inventory of personal property. • Demonstrability to inventory and document. 		X	.	Annual

Pre-service – before working directly with people who receive services

Curriculum specific – time requirement specified by the curriculum you are using

South Carolina Department of Disabilities & Special Needs

ADMINISTRATIVE INDICATORS - Reviewed through DDSN's Contract Compliance Review Process for each service type

The Board / Provider employs staff who meet the minimum education requirements for the position.

For each service area, the minimum education level is specified for various positions. Plans involving the development of a service plan require a minimum of a Bachelor's degree. Direct Support staff must have a high school diploma or equivalent.

The Board / Provider employs staff who meet the criminal background check requirements for the position. All staff must have a SLED Background Check prior to the offer of employment. Applicants that cannot provide evidence of South Carolina residency for the prior 12 months OR applicant that will be working with children must have a fingerprint based, federal background check, which also includes information from the SLED database. In January 2017, DDSN added a requirement to repeat SLED check every 3 years for existing staff. The requirements are outlined in DDSN Directive 406-04-DD.

The Board / Provider employs staff who meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position. Prior to the offer of employment, the provider must check the Office of Inspector General's List of Excluded Individuals/Entities to ensure that applicants have not been barred from working in service areas funded through Medicare or Medicaid funds. The requirements are outlined in DDSN Directive 406-04-DD.

The Board /Provider employs staff who meet the DSS Central Registry check requirements for the position. Prior to the offer of employment, the provider must verify that the applicant has not been listed on the DSS Central Registry as the result of substantiated Child Abuse, Neglect, or Exploitation. The requirements are outlined in DDSN Directive 406-04-DD.

The Board /Provider employs staff who meet the TB Testing requirements for the position. Prior to the offer of employment, the provider must receive documentation that the person does not have Tuberculosis, via two-step TB testing. The requirements are outlined in DDSN Directive 603-06-DD.

The Board /Provider employs staff with acceptable reference check requirements for the position. Prior to the offer of employment, the provider must solicit reference checks for all applicants, according to DDSN Directive 406-04-DD.

Staff receive ANE training as required. All staff must receive training regarding DDSN's Directive 534-02-DD: Preventing and Responding to allegations of Abuse, Neglect, and Exploitation upon participation in the pre-service orientation training sessions and annually thereafter. This training includes a statewide training curriculum developed by the SC Adult Protection Coordinating Council and the USC Children's Law Center. There is also a mandatory scored comprehension test to ensure staff understand their reporting responsibilities.

Staff receive pre-service orientation and annual training as required. All staff must receive training according to DDSN's Directive 567-01-DD: Employee Orientation, Pre-Service, and Annual Training Requirements. A reference document has been included to outline specific training requirements and the frequency of follow-up training.

Annually, employees are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.

The Board/ Provider follows procedures regarding Medication Technician Certification program, as outlined in 603-13-DD.